

02-18-00

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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new non-provisional applications under 37 CFR 1.53(b))</i>		<i>Attorney Docket No.</i>	PH-7076-A
		<i>First Named Inventor or Application Identifier</i>	
SUCCINOYLAMINO BENZODIAZEPINES AS INHIBITORS OF A-BETA PROTEIN PRODUCTION		OLSON et al.	
		<i>Express Mail Label No.</i>	EL502307526US
		<i>Express Mailing Date</i>	February 17, 2000

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent applications contents.		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231
<p>1. <input checked="" type="checkbox"/> Fee (Authority to charge deposit account below.) <i>(Submit an original, and duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 259] <i>[preferred arrangement set forth below]</i></p> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Application (if needed) - Statement Regarding Fed sponsored R&D (if needed) - Reference to Microfiche Appendix (if needed) - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claims [Total Claims 32] - Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Pages] </p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 1] </p> <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 14 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed Statement below at 15 deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior Application No.: 09/469,939</p> <p>15. <input type="checkbox"/> DELETION OF INVENTOR(S) STATEMENT: This application is being filed by less than all the inventors named in the prior application. In accordance with 37 CFR 1.63(d)(2) and 1.33(b), the Assistant Commissioner is requested to delete the number(s) of the following person or persons who are not inventors of the invention being claimed in this application:</p> <p>16. <input checked="" type="checkbox"/> Amend the specification by inserting before the first line the sentence: -- This is a continuation-in-part of Application No. 09/469,939 filed December 24, 1999, now pending, which in turn claims the benefit of U. S. Provisional Application No. 60/113,558, filed December 24, 1998.--</p> <p>17. <input type="checkbox"/> Cancel in this application original claims _____ of the prior application before calculating the filing. (At least one Original independent claim must be retained for filing purposes.)</p> <p>18. <input type="checkbox"/> Priority of foreign Application No. _____ filed on _____ in _____ is claimed under 35 U.S.C. 119.</p>		

JC584 U.S. PTO
09/469,939

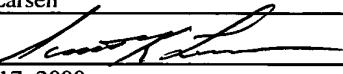
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CLAIMS	(1) FOR	(2) NUMBER FIELD	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	32	12	x \$ (18) =	216.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	2		x \$ (78)=	
	MULTIPLE DEPENDENT CLAIM(S) (if applicable)			= \$270 =	\$270.00
				BASIC FEE (37 CFR 1.16(a))	\$760.00
				TOTAL =	\$1,246.00
19.	The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 04-1928:				
a.	<input checked="" type="checkbox"/> Fees required under 37 CFR 1.16.				
b.	<input type="checkbox"/> Fees required under 37 CFR 1.17				
20.	<input type="checkbox"/> Other:				

21. CORRESPONDENCE ADDRESS

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22. SIGNATURE OF ATTORNEY OR AGENT REQUIRED

NAME	Scott K. Larsen	REG. NO.: 38,532
SIGNATURE		
DATE	February 17, 2000	